PTO/SB/32 (10-07)
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REQUEST FOR ORAL HEARING				ocket Number (Optional)
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES				283108005US
	In re Application of Porter et al.			
	Application Number			Filed
09/876,942-Conf. #9076		76 	June 8, 2001	
	For METADATA QUALITY IMPROVEMENT			
	Art Unit	2176	Examin	er W. L. Bashore
Applicant hereby renews a request for an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. A Request for Oral Hearing was filed on October 6, 2006.				
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,030.00				
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:				
Payment of the fee submitted on October 6, 2006.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No50-0665				
A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.				
WARNING: Information on this form may become public. Cedit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the			\sim	
applicant/inventor.			<u> </u>	Signature
assignee of record of the entire in See 37 CFR 3.71. Statement un (Form PTO/SB/96)		b) is enclosed.		Judy M. Kadoura Typed or printed name
x attorney or agent of record.				October 22, 2007
Registration number 59,8	83			Date
attorney or agent acting under 37	CFR 1.34.			
Registration number if acting under 37 CFR 1.34.				(206) 359-8000 Telephone number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
X *Total of 1 forms are subm				